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**CONFIRMATION NO. 3565** 

| FILING DATE  SERIAL NUMBER 10/771,985  FILING DATE  02/03/2004  CLASS GROUP ART UNIT  514  1625                    | ATTORNEY<br>DOCKET NO.<br>PC10139B |            |
|--|------------------------------------|------------|
| RULE   |                                    |            |
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| **************************************   |                                    |            |
| FOREIGN APPLICATIONS ************************************  |                                    |            |
| Verified and Acknowledged Examiner's Signature Initials COUNTRY DRAWING CLA  | TAL INDEPENDENT                    |            |
| ADDRESS 23913 PFIZER INC 150 EAST 42ND STREET 5TH FLOOR - STOP 49 NEW YORK , NY 10017-5612                         |                                    |            |
| TITLE Sertraline oral concentrate  |                                    |            |
| □ All Fees   |                                    |            |
| FILING FEE  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT RECEIVED No for following: |                                    |            |
|  |                                    | 770 Diher_ |
| □ Credit   |                                    |            |